



**Emergency Shelter and Homeless Coordination Commission  
ANNUAL REPORT  
July, 2005 – June, 2006**

**New Hampshire Department of Health and Human Services  
Office of Homeless, Housing and Transportation Services**

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*Stories and photos appearing in this report are courtesy of Southwestern Community Services, Families in Transition, The Way Home, Tri-County CAP, NH Housing Forum and Belknap - Merrimack Community Action Program.*

*Special thanks to Kathleen Desmarais from the Department of Health and Human Services, Office of Government Affairs and Public Relations, New Hampshire Housing, the Technical Assistance Collaborative, and Kevin Lindamood and Adrienne Breidenstine from the National Healthcare for the Homeless Council.*

*This report was edited and designed by Kristina Riera, Robert Sparks and Martha Young, Office of Homeless, Housing and Transportation Services.*

## ***Dedication***

This report is in memory of Tyler Blain, an Homeless Outreach and PATH worker for Tri-County Community Action Program, who lost his life in Bethel, Vermont, on Memorial Day, 2006. Tyler was a very devoted outreach worker who is missed a great deal. We thought we would share a few thoughts of others in a tribute to Tyler.

### **FROM THE HEADREST NEWSLETTER:**

Headrest was scheduled to honor Tyler Blain and Joie Finley Morris on Tuesday, May 30<sup>th</sup>, at our 3rd Annual Community Service Award Winners for 2006 ceremony when we received the very sad news that Tyler had died in a swimming accident the day before. Tyler and Joie were being honored for the wonderful work they do as Homeless Outreach staff at Tri-County Community Action Program and the effort they put into 10 Bricks, which is a shelter program for homeless during the winter. Tyler was truly an unsung hero who worked tirelessly on behalf of the poor and less fortunate.



### **FROM ANGELA EMERY, 10 BRICKS ADVISORY BOARD:**

On Monday, May 29th our dear friend, Tyler Blain, passed away. Tyler was 28 years old. If you were lucky enough to know Tyler, you know that he was full of love and light - he glowed. He had a huge smile and an even bigger heart. Tyler worked for Tri-County Community Action Program as a Homeless Outreach Worker, but his work went beyond just being a job. Tyler spent three weeks volunteering in Louisiana with the Hurricane Katrina Relief through the Red Cross. He also spent time in Africa working in an orphanage.

Tyler did not wait for things to happen to him - he happened to them. When he wasn't working or volunteering his time, Tyler could be found dancing, hiking, swimming, rock climbing, kayaking.... he loved the outdoors and music. He lived in a "souped-up" tent in the woods where he loved to listen to the coyotes and owls.

He was a big part of the Upper Valley family, and we all cherished his wisdom, warmth and goofy laugh. He will be missed greatly, but we are so thankful for the light and lessons he shared with us during his brief time with us.



*Yes, I offered them all that I could. And in the end they didn't want to leave their community, their reality, and their home. I sit with a weight in my gut knowing that there are two people sleeping in their car tonight . . .because they have no other choice.*  
*Tyler Blain*



*"Tyler, you taught us lessons we will never forget . . ."*

# *Letter from the Chair*

February 2, 2007

Dear Friends,

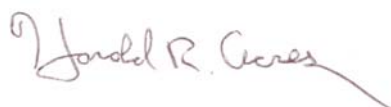
We are pleased to present this Annual Report for State Fiscal Year 2006, which ended June 30<sup>th</sup>.

This report details the activities of all homeless programs funded through the State of New Hampshire, Department of Health and Human Services, Office of Homeless, Housing and Transportation Services. The challenge of homelessness continues to exist in New Hampshire. This report covers some of the work of these homeless providers, the types of services they provide, and statistics on homelessness in the state.

The Commission respects and commends the efforts of local homeless service providers. With few resources and little public recognition, these agencies continue to carry on in the face of ongoing strong demand for assistance. Many providers continue to operate above their funded capacity, typifying their dedication and commitment to individuals and families who find themselves homeless.

To all in our State who have supported our efforts to assist the homeless—the Governor, members of the General Court, and countless individuals from the private and public sector—our sincerest thanks and appreciation. Your caring and service makes real our State's concern for this vulnerable population.

Sincerely,

A handwritten signature in dark ink, reading "Harold R. Acres". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Harold R. Acres, Chair



# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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John A. Stephen  
Commissioner

February 2, 2007

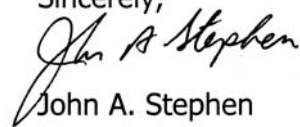
## ***Introduction***

As Commissioner of the Department of Health and Human Services (DHHS), and as a member of the Emergency Shelter and Homeless Coordination Commission, I am pleased to join the Commission in bringing forward the latest edition of our Annual Report. This report reflects the continued support of the Commission and the DHHS for a statewide housing system that serves as a safety net for homeless persons and provides access to affordable housing.

The report reflects the continued need for services and housing for the homeless population of New Hampshire. The total number sheltered increased, but the length of stay decreased. Though we are cautiously optimistic about this fact, part of the reason is due to a change in the way statistics are reported. The Point-in-Time survey conducted by the DHHS in January of 2006 demonstrated that on one given day there were 1,244 homeless persons in the State. During State Fiscal Year 2006, the total number of homeless people receiving shelter was over 6,435.

The Department is involved in a number of initiatives affecting homeless people and/or preventing homelessness. We are working on the coordination of transportation needs that are critical to our homeless population and we are providing support for those divisions in DHHS that handle substance abuse, health care, foster care, juvenile justice and family planning. Staff members from DHHS were involved in the creation of the Ten-Year Plan to End Homelessness (A Home for Everyone). Four critical goals of this plan are: increase permanent supportive housing, increase access to wraparound services, increase outreach and advocacy, and create an integrated service system. With the assistance of DHHS, a Discharge Planning Committee has drafted a Homeless Prevention Discharge Plan to prevent homelessness among our institutional population. With the assistance of the NH Coalition to End Homelessness, the Division of Public Health, and the Bureau of Behavioral Health, a EEE/West Nile Virus plan was drafted and implemented to help mitigate and respond to the danger that this threat has imposed on the State, especially over the last few years. We continue to oversee the Rental Guarantee and Housing Guarantee Programs to assist homeless individuals and families obtain permanent housing.

As Commissioner, I look forward to working with the Governor, the Legislature and the Commission to continue to strengthen our relationship with our homeless service providers. Citizens of New Hampshire do not aspire to be homeless and deserve safe, affordable housing.

Sincerely,  
  
John A. Stephen  
Commissioner

## ***Provider in the Spotlight***

From this point on, there will be a different state-funded homeless provider featured in each Annual Report. We felt it would be beneficial to the readers to gain a better understanding of what services homeless providers offer, a description of those services, and an understanding of the goals/mission of an organization. This year's Provider in the Spotlight is Families in Transition.

### ***Families in Transition***

*Families in Transition (FIT)* is a non-profit organization that provides safe, affordable housing and comprehensive supportive services to homeless single parents with children and homeless



Services provided by Families in Transition enable children to reach beyond homelessness and grow into successful adults.

single women. The organization began in 1992 with one facility and the capability to provide transitional housing and support services to five women and their children. During the past 15 years, *FIT* has grown into an agency that last year assisted 353 individuals, including 195 children. In 2005, *FIT* celebrated with 85 program participants as they graduated from the program. and moved

*FIT* is a leader in serving New Hampshire's homeless population. Currently, the agency administers five Transitional Housing Programs, two Permanent Supportive Housing Programs, a Community Program, a Youth Program and an Employment and Training Program. In addition, in 2004, *FIT* launched a social entrepreneurial business venture known as the Family Out*FIT*ters Thrift Store and Employment and Training Program. The goals of the store are to serve as an additional revenue stream for the agency and enhance the services provided to *FIT* participants by providing meaningful employment and benefits to program graduates and serving as an on-the-job training program.

The core function of all *FIT* programs is to assist participants in attaining economic and emotional self-sufficiency leading to stable permanent housing upon completion of the program. This is accomplished not only by supplying each participant with safe and affordable housing, but also by providing participants with comprehensive supportive services designed to help address the root causes of their homelessness. Upon entering the program, participants are assigned to a team of five specialized social service providers including a Master's level clinician,

a case manager, a youth specialist, an employment case manager and a property manager. Participants meet with each team member on an individual basis to develop an in-depth case plan, which outlines the participant's path out of homelessness. *FIT* believes that this comprehensive approach to service provision ultimately increases participants' abilities to achieve long-term emotional and economic stability.

As the number of homeless families in New Hampshire continues to rise, *FIT* has responded by continually seeking new and innovative ways to realize its mission and better serve more families in need. Currently, *FIT* is once again responding to the complex needs of the homeless population through the development of *The Family Willows*, a transitional and permanent supportive housing community providing integrated treatment for women and their children with histories of trauma, mental illness and addictive disorders. *The Family Willows* will not only become the first program of its kind in New Hampshire, but also expects to become a model program for the implementation of best practice treatments nationwide.

The work of *FIT* and its staff has been highly recognized by the community. Most recently, in October of 2006, Maureen Beauregard, the agency President, was honored by Pastoral Counseling Services of New Hampshire with its sixth annual Good Samaritan Award for public service. Also in 2006, *FIT* received the Plan NH Award for Excellence in Planning and Design. In addition, the Manchester Historical Association presented *FIT* with an Historic Preservation Award for its efforts to maintain the historical character of the Manchester Millyard in its most recently completed project, The Family Mill. *FIT* has also been a recipient of the Walter J. Dunfey Award for Excellence in Management.

Although *FIT* is honored to receive recognition and support from the community, *FIT* is most proud of the difference that its services make in the lives of homeless families. The following story is written by Anita, a woman who came to *FIT* after losing her housing due to medical problems. Her story portrays the amazing ways in which families struggling with poverty and homelessness can rebuild their lives with much needed support and encouragement.





Families in Transition provides the support and skills needed for families to thrive in the community.

*“Before I came to FIT, I was in the midst of troubled waters. And like a willow tree my head hanging down, I felt all I worked for all my life was lost. Nothing left but pain and tears. I felt so alone with no place to go. Nothing to live for, I closed my heart and put up all the walls I could for protection. I didn’t want anyone else to know the real me. But I found out, there are still people who care and are willing to help me. I don’t regret ever coming to FIT; FIT helped me to bring down the walls and to trust again. Even if it took awhile, I have found new friends here. Even if it’s time to go, I will always have fond memories of FIT. And how they all helped me walk with my head raised high. And to show this world, I still am somebody and no matter where I go, I can be me.”*

# ***A National Perspective***

By Adrienne Breidenstine and Kevin Lindamood  
*National Health Care for the Homeless Council*

*“Everyone has the right to a standard of living adequate for the health and well-being of oneself and one’s family, including food, clothing, housing, and medical care.”*

The United Nations Universal Declaration of Human Rights

The rights identified by the United Nations in 1948 remain unrealized for too many low-income Americans. According to a 2005 point-in-time study completed by the National Alliance to End Homelessness, an estimated 744,313 people experienced homelessness at a given point in time. Fifty-six percent of homeless people counted were living in shelters or transitional housing and an appalling 44 percent were unsheltered (National Alliance to End Homelessness, 2006). According to an analysis of 1996 point-in-time data, approximately 3.5 million people will experience homelessness nationally over the course of an entire year (National Law Center on Homeless and Poverty, 2004).

After decades of incremental policy reform and targeted initiatives to assist homeless individuals and families, the nation, nonetheless, has more people working for less money, greater numbers of uninsured, and more people living in poverty and without a place to stay. Fundamentally, homelessness remains a symptom of poverty. A missed paycheck, a health crisis, or an unpaid bill can easily push someone living in poverty into homelessness. Homelessness can only be solved through systematic policy reform that focuses on three fundamental causes: lack of quality and affordable health care, lack of affordable housing and insufficient wages and disability assistance.

Encouraged by the Federal Interagency Council on Homelessness, many localities throughout the country are developing “Ten Year Plans to End Homelessness.” Such vehicles can prove powerful methods of creating community consensus and political will to address the underlying causes of homelessness and to better coordinate existing homeless services. Any serious plan to end homelessness within three years must address issues of housing, health care and sufficient incomes.

## **The Health Care Crisis**

The United States remains virtually alone among industrialized countries in not guaranteeing health insurance coverage as a right of citizenship. As a result, approximately 46 million Americans are living without health insurance coverage. Among people experiencing

homelessness, as many as 80% are uninsured (though this differs from state to state due to differences in state Medicaid programs). As the issues of “health care” and “the uninsured” again top national opinion polls and the policy priority lists of a bipartisan array of political leaders, expanded access to care for the uninsured (through a variety of mechanisms) remains likely in the coming years.

Political leaders and advocacy organizations continue to explore a range of options – from “universal” measures through single or multiple health care “payers” to more incremental reform through the expansion of existing programs. Whatever way it is accomplished, increased access to care could help control skyrocketing health care costs. In 2004, per capita health care costs in the United States were \$6,102 a person while Canada spent \$3,165 a person, France \$3,159, Australia \$3,120 and Britain just \$2,508 (Organization for Economic Cooperation and Development). Life expectancy in the United States, a broad measure of health, was slightly lower than it was in those other countries in 2004.

For people experiencing homelessness, access to care is an especially critical issue. Homeless individuals are three to four times more likely than their housed counterparts to die prematurely. A study entitled *Premature Mortality in Homeless Populations* shows that premature death among homeless individuals is more closely associated with acute and chronic medical conditions and with restricted access to comprehensive health care than with any other factor (National Health Care for the Homeless Council, 2005). People without homes also experience health problems at significantly higher rates than those in the general population due, in part, to lack of insurance coverage.

### **Insufficient Affordable Housing**

The decreasing availability of subsidized housing partnered with skyrocketing costs of housing in the private market present perhaps the most significant barrier to ending homelessness in the United States. As the cost of rental housing grows out of reach for more Americans, more individuals and families remain at risk of homelessness. According to the Department of Housing and Urban Development (HUD), a household should pay no more than 30 percent of their income on housing costs. A January 2001 HUD report showed that 4.9 million low-income households were paying more than 50 percent of their income on housing.

According to a report by the National Low Income Housing Coalition (*Out of Reach 2006*), there is no community in the country where a full-time minimum wage worker can afford even a one-bedroom apartment at the fair market rent. The National Housing Wage for a two-

bedroom rental unit is \$16.31 – over three times the current minimum wage. Housing affordability varies widely across the country from jurisdiction to jurisdiction. To afford a two-bedroom unit at Fair Market Rate in San Francisco, a household would have to earn \$29.54 an hour. Across the nation in Boston, a household would need to earn \$25.46 an hour. As the gap between housing and income continues to grow, millions of people will lose their homes and become subjected to shelters and life on the streets. To address the lack of affordable housing nationally, a bipartisan coalition in both houses of Congress plan to introduce Affordable Housing Trust Fund legislation in the coming year.

### **A Livable Income**

The Federal minimum wage was established in 1938 by the Fair Labor Standard Act to ensure that a full-time worker could afford basic food, clothing and shelter; however, periodic increases to minimum wage have been out paced by inflation, leaving many workers in financial turmoil. Historically, the federal minimum wage did provide a livable income and did not predispose the risk of homelessness. In 1967, at \$1.40 an hour, a full-time worker earning minimum wage earned enough to lift a family of three above the federal poverty level (National Coalition for the Homeless, 2006).

The federal minimum wage of 5.15 per hour has not been increased since 1997 and pays less than it did 30 years ago, adjusting for inflation. Over the past decade, the cost of living has increased by 26 percent. Despite a stagnating federal wage floor, many states have taken the initiative to increase the minimum wage within their borders. Currently, 28 states and the District of Columbia have enacted wages that are higher than the federal minimum wage (Department of Labor, 2007). Advocates continue to explore ways to guarantee access to higher wages for the lowest wageworkers. The 110<sup>th</sup> Congress has introduced a bill to increase the federal minimum wage to \$7.25 per hour, likely to be phased in over a 26-month period. It estimated 14.9 million workers (11% of the workforce) would receive an increase in their hourly wage rate if the minimum wage were raised from \$5.15 to \$7.25 by 2008 (Economic Policy Institute, 2007). This increase is warranted but is a far cry from the comprehensive wage reform that is needed to end homelessness.

# ***New Hampshire Homelessness, SFY 2006***

Many factors contribute to the growing challenge of homelessness in our state. Population and Median Family Income (MFI) continued to rise in SFY '06, aggravating

## **Median Price of Primary Homes in NH**

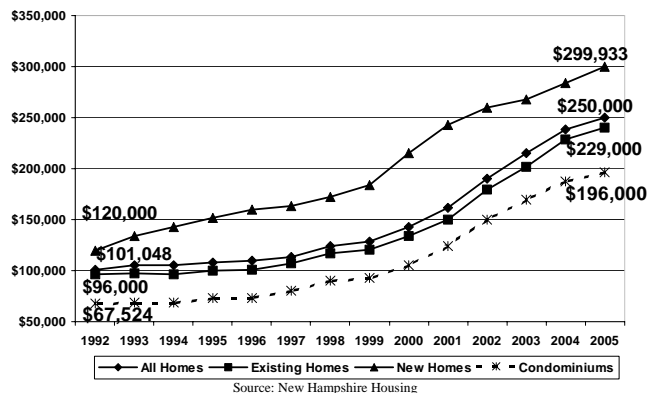


Chart 1

the State's persistent shortage of affordable housing. This shortage is indicated in several ways. First, housing costs have risen dramatically. In 2005, the last year with complete data, the median purchase price paid for homes increased 5% from \$238,000 to \$250,000 (Chart 1). In the seven years from 1991 through 1998, the price of houses increased 14%. In the

seven years from 1998 through 2005, prices more than doubled. Even more, the median cost of condos, the lower cost option, has almost tripled since 1992 to \$196,000.

NHH (New Hampshire Housing, also known as New Hampshire Housing Finance Authority), in their 2006 Annual Rental Survey, found monthly median two-bedroom gross rental costs ranging from \$1,086 in Rockingham County to \$591 in Coos County. Median statewide two-bedroom gross rental costs rose to \$1,003 (Chart 2).

## **Median Gross Rental Cost**

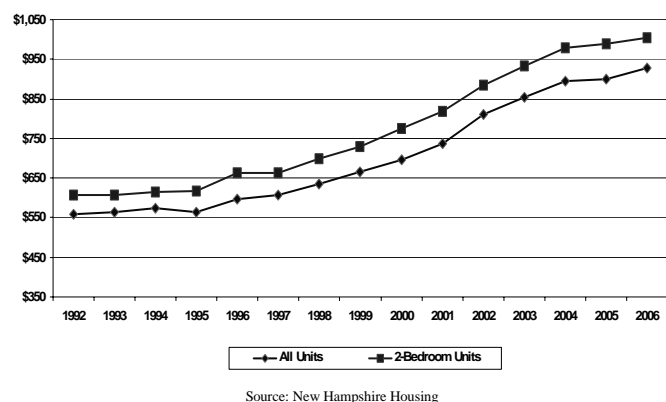


Chart 2

Second, housing which is affordable (defined as 30% of gross income) for the lower income levels may not be available. The statewide rental vacancy rate for two-bedroom apartments has been near or even below a statistically negligible rate of 2%



## NH Rental Vacancy Rates

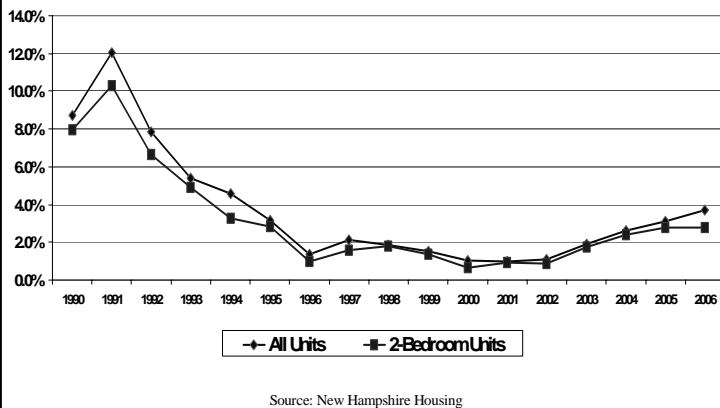


Chart 3

(equivalent to "no vacancy") since 1995, compared to over 10% in 1991 (Chart 3).

HUD (US Department of Housing and Urban Development) found \$63,900 to be the statewide MFI (Median Family Income) adjusted for a three-person household.

In NHH's 2006 survey, approximately

12% of the state's two-bedroom apartments were affordable to very low-income (50% MFI) households, earning \$31,950 or less (Chart 4). If someone worked full-time, no holidays, no vacation, no sickness, they would still have to earn \$15.36 per hour just to meet this income level. At the extremely low-income level (30% MFI), of \$19,170 per year for 2006, or \$1,598 per month, they can afford, at most, \$479 per month. 1.3% of all rental units are within this level, but only 0.1% of two-bedroom units surveyed (actually 0% in many parts of the state). In addition, according to the U.S. Census estimates for 2005, 21% of all households, including singles, have household incomes at that level. The 2006 U.S. HHS poverty guideline for a family of three is \$16,600. The National Low Income Housing Coalition, in their report "Out of Reach" for 2006, found New Hampshire the ninth most expensive state in the country, requiring a wage of \$18.10 per hour in order to afford a two-bedroom apartment at HUD's FMR (Fair Market Rent). The affordability of housing for New Hampshire's typical worker remains a serious concern.

Third, income for some populations has not kept pace with costs. According to "Basic Needs & Livable Wage", commissioned by the UNH Office of Economic Initiatives, and

## Percent of 2-Bedroom Units

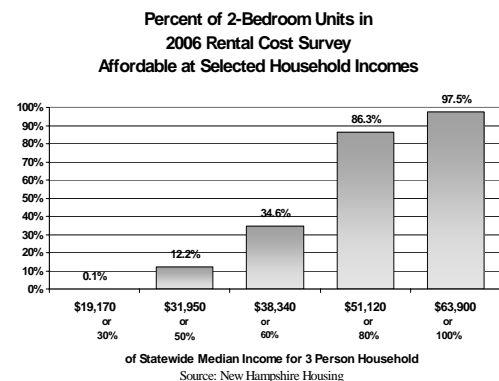


Chart 4

the North Country Council, child care costs have increased 88% over the last five years, and health insurance costs have increased 103% over the last seven years.

New Hampshire employees earning \$5.15 per hour (minimum wage), would make \$10,712 per year, and thus can only afford a monthly rent of \$268. At \$6 per hour, starting wage for many jobs in NH, they can only afford \$312, which is a little over half of the median rent in Coos County, the

| State                | % SSI | State                | % SSI | State           | % SSI |
|----------------------|-------|----------------------|-------|-----------------|-------|
| Alabama              | 78%   | Kentucky             | 76%   | North Dakota    | 72%   |
| Alaska               | 76%   | Louisiana            | 86%   | Ohio            | 88%   |
| Arizona              | 112%  | Maine                | 93%   | Oklahoma        | 72%   |
| Arkansas             | 75%   | Maryland             | 145%  | Oregon          | 99%   |
| California           | 114%  | Massachusetts        | 135%  | Pennsylvania    | 98%   |
| Colorado             | 109%  | Michigan             | 102%  | Rhode Island    | 118%  |
| Connecticut          | 103%  | Minnesota            | 99%   | South Carolina  | 90%   |
| Delaware             | 114%  | Mississippi          | 77%   | South Dakota    | 71%   |
| District of Columbia | 185%  | Missouri             | 89%   | Tennessee       | 85%   |
| Florida              | 120%  | Montana              | 76%   | Texas           | 103%  |
| Georgia              | 108%  | Nebraska             | 80%   | Utah            | 98%   |
| Hawaii               | 156%  | Nevada               | 131%  | Vermont         | 92%   |
| Idaho                | 77%   | <b>New Hampshire</b> | 119%  | Virginia        | 128%  |
| Illinois             | 123%  | New Jersey           | 151%  | Washington      | 104%  |
| Indiana              | 89%   | New Mexico           | 87%   | West Virginia   | 71%   |
| Iowa                 | 79%   | New York             | 138%  | Wisconsin       | 80%   |
| Kansas               | 84%   | North Carolina       | 97%   | Wyoming         | 75%   |
|                      |       |                      |       | <b>NATIONAL</b> | 110%  |

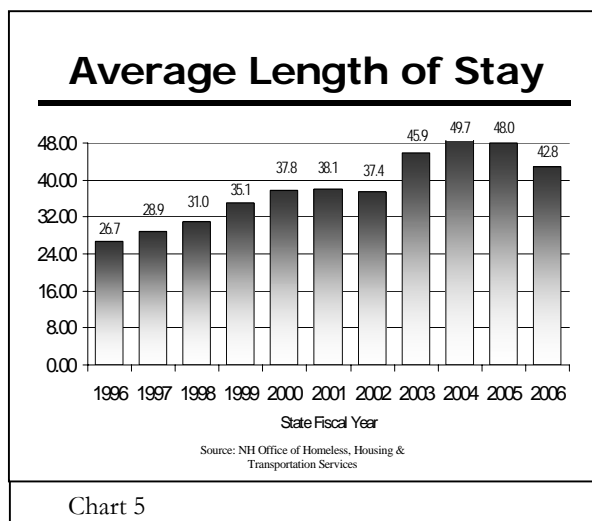
Source: Technical Assistance Collaborative, Inc. (TAC), Boston MA

Table 1 – Monthly rent vs SSI income (2004)

least expensive county. For those on fixed SSI income (Table 1), in 20 states and the District of Columbia average rent for a one-bedroom unit exceeded SSI income, with New Hampshire at 119%. This is not 119% of affordability, but more than their entire income. Even studio (0 bedroom) apartment rent exceeded SSI. This was in 2004, and rents have continuously increased faster than SSI. In fact, for the last ten years, the average percent increase for rents has been more than double that of SSI.

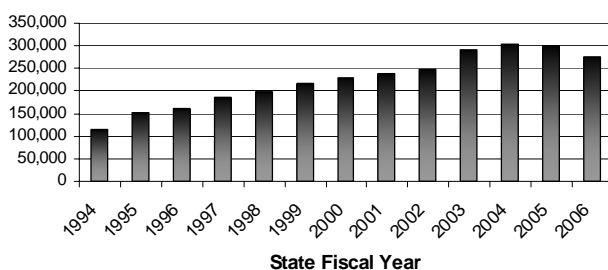
New Hampshire has the highest population growth in New England, over 5% from 2000 to 2004. New Hampshire continues to face an affordable housing dilemma. Construction of affordable homes in our state, especially multi-family rental properties, continues to fall behind population growth. Housing data indicates that through the mid to end of the 1990's, and through 2003, job growth exceeded construction, driving up rental costs and the purchase price of homes.

At an average length of stay of 42.8 nights (Chart 5), the 6,249 people sheltered consumed 275,460 bed nights (one person sheltered for one night) (Chart 6). Of this figure, over 20% were children. This number represents clients who were unable to leave the shelter, as the majority of shelter space has been full since November of 2001.



The NH Department of Education counted 925 school children willing to admit to being homeless in a sample of public schools on one day, compared with 563 school age children for the entire year in homeless shelters. This figure is conservative because many will not admit that they are homeless. Additionally, only 81% of NH public school districts (which have an average daily attendance of more than 200,000 students) reported this year. These numbers also do not include the more than 22,000 students in private schools in the state, or the more than 4,000 home schooled students. Significantly, these numbers show more than five times as many students staying with friends and family, than staying in shelters.

### Shelter Bednights Provided



Source: NH Office of Homeless, Housing & Transportation Services

Chart 6

Homeless Hotline data provided valuable insight into the reasons why people are homeless in New Hampshire. From this data, it appeared that the top five reasons indicated by homeless callers were: eviction, staying with others, unaffordable housing, domestic violence and no job.

The statistics in this report demonstrate that many of New Hampshire's citizens continue to face a number of significant challenges which when combined place them at risk for homelessness. On an average night in SFY '06, 755 residents found themselves homeless and received shelter within the state-funded emergency shelter provider system. This data does not include the hundreds of others housed by private shelters, local welfare, churches, charities, friends and family. Others were also homeless each night, but were too late to find a bed or even a warm space on a floor, and had to be housed in local motels or made the difficult decision to remain unsheltered.❖

**State of New Hampshire  
Department of Health and Human Services  
Office of Homeless, Housing and Transportation Services**

| State of New Hampshire                                      |   | Federal Center for Mental Health Services                     | U.S. Department of Housing & Urban Development                 |   |  |   |   |
|---|---|---|--|---|--|---|---|
| ↓   | ↓   | ↓   | ↓  | ↓   | ↓  | ↓   | ↓   |
| SGIA  | HSGP*   | RGP*  | PATH   | ESG   | HOIP   | SHF<br>TH/PHHS+C                            | HOPWA   |
| Emergency Shelter   | Non-Cash Voucher Program  | Grant Program   | Non-Housing  | McKinney  | Non-Housing                                      | CoC   |   |
| *Emergency<br>*Transitional<br>*Prevention/<br>Intervention | <b>Security Deposit Loan Vouchers</b><br><br>*Revolving loan fund | <b>Rental Guarantee Program</b><br><br>*Funded through TANF   | <b>Projects for Assistance in Transition from Homelessness</b> | <b>Emergency Shelter</b><br>*Emergency<br>*Transitional<br>*Prevention/<br>Intervention | <b>Homeless Outreach Intervention Prevention</b> | <b>Homeless Housing Supportive Services</b> | <b>Housing Opportunities for Persons with AIDS*</b>           |
| *Specialty Programs<br>Bed Capacity: 1033<br>Providers: 34  | Loans: 1,041<br>Providers: 8                                      | Grants: 17<br>Providers: 8                                    | Providers: 7   | Providers: 13   | Providers: 5                                     | Providers: 15                               | Providers: 5  |
| SFY: 7/1/06-6/30/07<br>\$3,119,370                          | SFY: 7/1/06-6/30/07<br>\$2,000,000                                | SFY: 7/1/06-6/30/06 - \$150,000<br>7/1/06-6/30/07 - \$162,000 | SFY 7/1/06-6/30/07<br>\$300,000                                | CY: 1/1/06-12/31/06<br>\$484,509  | SFY: 7/1/06-6/30/07<br>\$394,855                 | Term Varied<br>\$1,757,161                  | SFY: 3/1/04-2/28/07 - \$607,545<br>3/1/06-2/28/09 - \$824,120 |

**NOTES:**

CoC: Continuum of Care

ESG: Emergency Shelter Grant

HOIP: Homeless Outreach Intervention Prevention

HOPWA: Housing Opportunities for Persons With Aids (\*3 year amount)

HSGP: Housing Security Guarantee Program

PATH: Projects for Assistance in Transition from Homelessness

PHH: Permanent Housing for Handicapped Homeless

RGP: Rental Guarantee Program

S+C: Shelter + Care

SGIA: State Grant-In-Aid (\*2 year amount)

SHF: Supportive Housing Program

TANF: Temporary Assistance for Needy Families

TH: Transitional Housing for Homeless

## ***I. Homeless Shelter Services***

The State of New Hampshire, Office of Homeless, Housing and Transportation Services (OHHTS) provided funding to 40 programs in SFY '06. Shelter services were funded in the following categories:

| <b>PROGRAM TYPE</b>        | <b>NO. OF SHELTERS</b> |
|----------------------------|------------------------|
| Domestic Violence Shelters | 12                     |
| Emergency Shelters         | 14                     |
| Transitional Shelters      | 10                     |
| Specialty Shelters         | 4                      |
| <b>TOTAL</b>               | <b>40</b>              |

In SFY '06, these state-funded homeless shelter providers gave temporary housing to 6,435 persons. Of those sheltered, 4,280 were single adults, 850 were adults in 895 families with 1,305 children, and 41 adults were in families without children. A reported 1,847 persons sheltered had a diagnosed mental illness, 1,558 alcohol abuse, 899 substance abuse, 864 were dual-diagnosed with mental illness and substance abuse, 1,375 were victims of domestic violence, 19 reported HIV/AIDS, 1,092 were chronically homeless, and 451 were veterans. The number of bed nights provided (*i.e.*, one person sheltered one night) was 275,460, and the average length of stay was 42.8 days in SFY '06 (Charts 5 and 6). The following table summarizes the recent trend of demand for state-funded emergency shelter services, adjusted for changes in reporting:

|                            | <b><i>SFY '01</i></b> | <b><i>SFY '02</i></b> | <b><i>SFY '03</i></b> | <b><i>SFY '04</i></b> | <b><i>SFY '05</i></b> | <b><i>SFY '06</i></b> |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Total persons sheltered:   | <i>6,272</i>          | <i>6,805</i>          | <i>6,553</i>          | <i>6,672</i>          | <i>6,249</i>          | <i>6,435</i>          |
| Total bed nights provided: | <i>238,892</i>        | <i>254,290</i>        | <i>301,035</i>        | <i>302,822</i>        | <i>300,159</i>        | <i>275,460</i>        |
| Average length of stay:    | <i>38.1 days</i>      | <i>37.4 days</i>      | <i>45.9 days</i>      | <i>49.72 days</i>     | <i>48 days</i>        | <i>42.8</i>           |

Shelters receive state funding to promote part of a local Continuum of Care. The Continuum of Care is established to provide efficient access to critical community-based services such as employment, medical, educational, mental health and substance abuse counseling, housing and other services that facilitate an individual or family's ability to attain and maintain a stable living environment. ❖



## **A. Domestic Violence Shelters**

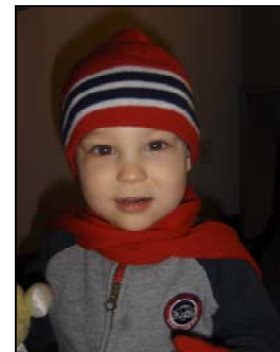
Through a contract with the New Hampshire Coalition Against Domestic and Sexual Violence, the State of New Hampshire, OHHTS provided funding to Domestic Violence Shelters in SFY '06. Homeless victims of domestic violence, predominately women and children, receive emergency and transitional shelter and critical support services through these shelters.

The State-supported Domestic Violence Programs also provide food, clothing, linkages with mainstream services as appropriate, and a safe and confidential environment for victims of domestic violence.

**Domestic Violence Shelters** funded by the State of New Hampshire are listed in Appendix D.❖

## **B. Emergency Shelters**

The State of New Hampshire, OHHTS provided funding for 14 emergency shelters in SFY '06. These shelters provide safe, temporary living accommodations for homeless men, women, and families. The number of bed nights provided (*i.e.*, one person sheltered for one night) in SFY '06 was 275,460, for both emergency and transitional shelters. The average length of a temporary (emergency or transitional) shelter stay was 42.8 days.



The number of people receiving temporary housing (emergency or transitional) from these shelters in the past year went from 6,249 persons in SFY '05 to 6,435 in SFY '06.

State-funded shelters reported 9,634 turnaways due to full capacity. Rather than turn desperate individuals and families away, many shelter providers adopt improvised sleeping arrangements and operate consistently above funded capacity. Six state-funded shelters operated year round at an *average* of 100% or more of official capacity in SFY '06. On an average night, 755 people were sheltered. Again, this number does not include people sheltered in shelters of various kinds not funded through OHHTS.

The number of homeless individuals who sought first-time assistance from the State-funded emergency and transitional shelter providers was 2,823 in SFY '06. In the last

three years as many people sought shelter for the first time in their lives as the total number sheltered in SFY '06. This statistic suggests that homelessness in New Hampshire is not confined to a chronically homeless core group, but continues to spread into new segments of the State's population.

To facilitate the transition from homelessness to permanent housing, case management services provided to emergency shelter clients feature important linkages with mainstream programs including: health, employment, mental health, substance abuse referrals, food and clothing. Shelters serving families provide service linkages with other family-service providers including childcare, education, immunization, wellness programs, and family counseling.

**Emergency Shelters** funded by the State of New Hampshire are listed in Appendix D.❖

### **C. Transitional Shelters**

Transitional Shelters provide a safe and stable housing environment complemented by comprehensive case management services to facilitate a permanent step away from homelessness. Referrals from emergency shelter staff flow individuals into transitional programs whenever a judgment can be made that the individual or family is prepared to move along the Continuum of Care to permanent housing. Community-based referral services also enable direct entry into transitional housing.

**Transitional Shelters** funded by the State of New Hampshire are listed in Appendix D.❖

### **D. Specialty Shelters**

Special needs such as youthfulness, teen pregnancy, or substance abuse often make it difficult for some individuals to receive proper assistance in mainstream emergency shelters. Staffed by persons trained in the special needs of persons they serve, Specialty Shelter programs play an important role in the State of New Hampshire Continuum of Care.

The State of New Hampshire, OHHTS provided statewide funding to four Specialty Shelter programs in SFY '06. Without the Specialty Shelter programs, highly vulnerable

homeless individuals with special characteristics or health conditions might remain unrecognized and inappropriately assisted in the shelter service system.

**Specialty Shelters** funded by the State of New Hampshire are listed in Appendix D.❖

## ***II. Homeless Prevention/Intervention Services***

During SFY '06, the State of New Hampshire, OHHTS provided Prevention/Intervention services to persons at imminent risk of homelessness. These important services result in interventions that prevent the occurrence of homelessness. Services were funded through six Community Action Agencies or CAPs, and other non-profit service providers.

Homeless Prevention/Intervention services are widely varied and thus difficult to quantify uniformly. They range from providing budget counseling and/or referral to appropriate homeless intervention providers, to making payments for back rent in the face of eviction, past-due electrical bills where disconnection is imminent, or fuel assistance, rental security deposit loans, or limited rental guarantees. Some individuals who apply for prevention services do so as a final attempt to maintain their current living or employment situation. Surveys show that many persons applying for such Homeless Prevention/Intervention services did so based upon a sudden and unexpected loss of income, with high medical bills frequently cited as a contributing factor.

### **A. Housing Opportunities for Persons With AIDS (HOPWA)**

OHHTS manages two Housing Opportunities for Persons With AIDS (HOPWA) competitive HUD grants both with the sponsorship of Merrimack Valley Assistance Program (MVAP). These HOPWA grants provide assistance and support services for persons with HIV/AIDS and their families. The population served includes low and very low income, and those at risk of displacement or of becoming homeless. These projects emphasize stabilizing participants' current housing situations and, whenever possible, maintaining them in their homes where they prefer to reside. Housing solutions, case management, and supportive services are intertwined in maintaining and improving participants' independence, self-sufficiency, quality of life and personal dignity.

MVAP and the project's subcontractors promote self-sufficiency by strongly advocating on behalf of clients for Section 8 vouchers, SSI, SSDI, food stamps, and other available mainstream resources and services. Many clients are now receiving these benefits for the first time and are better able to provide for themselves. Through the HOPWA program, MVAP and the subcontractors work to provide a "safety net" for HOPWA participants.

The Balance of State HOPWA Program, through its sponsor MVAP, provided supportive services, case management and rental assistance to the Balance of State Continuum of Care area (all of the state except Nashua and Greater Manchester). MVAP, AIDS Response Seacoast (ARS), AIDS Services for the Monadnock Region (ASMR) and AIDS Community Resource Network (ACORN) provided HOPWA services and rental assistance.

The Greater Manchester HOPWA project, serving Manchester, Bedford, Goffstown, and Weare, is also sponsored by MVAP with supportive services provided by their Manchester office, the Greater Manchester Assistance Program (GMAP).

In the last reporting year, March 1, 2005 through February 28, 2006 these two projects provided housing assistance to 121 individuals infected with HIV/AIDS and an additional 115 family members. They also provided supportive services only to an additional 194 HOPWA eligible households.

In addition, during the last reporting year, our HOPWA programs accessed technical assistance through AIDS Housing Corporation (AHC) of Boston. The AHC technical assistance included HOPWA trainings regarding HMIS, housing rights and maintaining housing stability.

The efforts of homeless service providers who employ creative intervention strategies result in the prevention of thousands of individuals and families from experiencing the devastating effect of homelessness. Continuation of a strong homeless prevention strategy is an important component in the evolving Continuum of Care designed to break the cycle of homelessness.

**Housing Opportunities for Persons With AIDS** providers funded by the State of New Hampshire are listed in Appendix D.❖

## **B. Community Action Agencies**

The New Hampshire Community Action Agencies (CAAs), also called Community Action Programs (CAPs), serve every city and town in the State and administer a range of programs to assist persons in need, including those at risk of homelessness. Their advisory councils, boards of directors and staff implement programs tailored to local needs. Additionally, these service providers coordinate mainstream services for the population they serve, making CAA's a natural point of entry into the homeless service system. The State of New Hampshire, OHHTS funded homeless intervention activities specific to the prevention of homelessness in six CAAs in SFY '06, covering all ten NH counties.

**Community Action Agencies** funded by the State of New Hampshire are listed in Appendix D.❖

## **C. Homeless Outreach/Intervention Prevention**

Although homelessness is often regarded as a uniquely urban problem, contacts with unsheltered homeless individuals have occurred in the majority of New Hampshire's cities and towns during the past two years. The objective of the Homeless



Outreach/Intervention Prevention program is to link the unsheltered homeless population with emergency shelter and other appropriate resources within the State.

The HUD-funded Homeless Outreach Intervention Prevention (HOIP) program is a statewide network of ten outreach specialists who seek to identify and engage New Hampshire's unsheltered homeless. In the past year, the number of homeless clients served by HOIP workers in the Balance of State Continuum of Care (i.e., excluding Manchester and Nashua) was 3,920. (The reporting of Manchester and Nashua contacts under HOIP is not consolidated through the DHHS.)



HOIP unsheltered homeless contacts are followed up systematically to ensure that appropriate service is provided. First, there is assessment of immediacy of need and appropriate intervention based upon weather, physical condition, mental/emotional/behavioral status, substance abuse, and willingness to accept assistance. Then, transport is arranged to the appropriate resource (*e.g.*, emergency room, detoxification facility, shelter) as needed.

**Homeless Outreach Intervention Prevention** providers funded by the State of New Hampshire are listed in Appendix D.❖

#### **D. Housing Security and Rental Guarantee Programs**

The OHHTS administers two housing-related programs through a network of nonprofit community agencies: the Housing Security Guarantee Program (HSGP) and the Rental Guarantee Program (RGP). Started in 1994, the HSGP is available to low-income families statewide. A non - cash voucher program, it is managed pursuant to RSA 126-A: 50, which states: "The inability of individual citizens to amass sufficient funds for housing security deposits contributes significantly to the problem of homelessness in the State of New Hampshire."

Housing security guarantees provided under the program allow low-income individuals and families the opportunity to secure safe, affordable, permanent housing in New Hampshire's low-vacancy, high-cost rental housing market. Persons seeking a security deposit guarantee apply through one of eight nonprofit agencies that administer the program. These agencies work with private landlords, public housing agencies, transitional housing programs, outreach workers and others to ensure program availability to the entire state.

The State of New Hampshire HSGP issued 1,041 security loan certificates in SFY '06. The program has assisted 6,530 households since inception in 1994. An important aspect of this program is a flexible loan-payment schedule designed to fit realistic budget parameters.

The RGP is the OHHTS companion program to the HSGP. To assist needy families, the Division of Family Assistance allocated funds from the Temporary Assistance for Needy

Families (TANF) Program to support the RGP. The RGP's objective is to assure payment of a maximum of three months fair-market rent as an incentive to landlords to rent to homeless families or pregnant women. To coordinate these related efforts in support of families who are homeless or at risk of homelessness, the same community service network administers the RGP and HSGP.

**Housing Security and Rental Guarantee Programs** funded by the State of New Hampshire are listed in Appendix D.❖

#### **E. Other Intervention/Prevention Providers**

Certain other Homeless Prevention/Intervention providers are experienced in the prevention of homelessness and are strategically located to provide services in high-risk areas of the State. They provide services directly or by referral to an alternative service provider.

**Other Intervention/Prevention Providers** funded by the State of New Hampshire are listed in Appendix D.❖

### ***III. Special Needs Programs***

In SFY '06, the State of New Hampshire provided funding to statewide special needs programs. These programs emphasize intensive and comprehensive case management services and are designed to assist the particular needs of chronically homeless persons suffering from serious mental illness, dual diagnosis, Acquired Brain Disorder, and other disabling conditions.

Providers include Community Action Agencies, Community Mental Health Centers, New Hampshire Hospital, and several smaller non-profit organizations. Delivered services included outreach, intervention, housing, and supportive services to hard-to-engage homeless and/or homeless with disabilities.

Special needs services were provided in the following categories:

| <b><i>Program Type</i></b>   | <b><i>Number of Programs</i></b> |
|--|----------------------------------|
| HUD - Permanent Housing for Handicapped Homeless                     | 9                                |
| HUD - Transitional Housing for the Homeless                          | 9                                |
| HUD - Shelter + Care   | 1                                |
| HHS - Projects for Assistance in Transition from Homelessness (PATH) | 7                                |
| <i>Total</i>   | <i>26</i>                        |

Also funded by HUD, the Supportive Housing Program provided permanent housing, transitional housing, rental subsidies, and supportive services for 200 individuals. These programs are detailed in Sections A, B, and C of this chapter. The US Department of Health and Human Services (HHS) funded Projects for Assistance in Transition from Homelessness (PATH) for homeless intervention and supportive services to 1,168 persons in SFY '06. This program is detailed in Section D of this chapter. Transitional, Shelter + Care (S+C), and permanent housing for the handicapped homeless include extensive supportive services.❖

#### **A. Permanent Housing for the Handicapped Homeless**

Permanent Housing providers to the handicapped homeless population offer a variety of housing and supportive services to persons with serious mental illness, or elderly persons with serious mental illness, dual diagnosis, or Acquired Brain Disorder. Handicapped homeless persons living in supportive housing benefit from convenient and assured access to health, mental health, and social support services offered by the programs or within the Continuum of Care and facilitated by these programs. These programs, which include group homes and condominiums, were established in conjunction with HUD and are subject to renewal. These collaborative programs are:

- **Beaver Lake Lodge** in Derry, a 15-bed community residence for homeless elderly who are mentally ill;
- **Families in Transition** in Concord, six units serving homeless women with or without children;
- **Franklin Falls Farm** in Franklin, a six-bedroom farmhouse serving homeless persons with severe brain injuries;
- **Harbor Homes** with various operating locations in Southern New Hampshire,

providing a variety of housing and employment opportunities for homeless persons with serious mental illness;

- **McGrath Street** in Laconia, an eight-bed residence with three attached apartments serving up to 12 mentally ill homeless persons;
- **Tide View Estates** in Dover, three two-bedroom condominiums providing permanent housing for homeless mentally ill adults;
- **Springbrook** in Portsmouth, three two-bedroom condominiums housing homeless persons with a serious mental illness;
- **Gemini House** in Manchester, a 15-bed residence housing homeless mentally ill persons with a concurrent substance abuse disorder; and
- **Southwestern Community Services Permanent Housing** with four units in Claremont and four units in Ashuelot for homeless individuals and families who have mental health, substance abuse, domestic violence and/or physical disability issues.

**Permanent Housing for the Handicapped Homeless** providers funded by the State of New Hampshire are listed in Appendix D.❖

## **B. Transitional Housing for the Handicapped Homeless**

Like their Permanent Housing provider counterparts, providers of Transitional Housing offer a variety of housing and supportive services to homeless persons or families. Though not an eligibility requirement, many of those served in transitional housing have a variety of disabilities including serious mental illness, or elderly persons with serious mental illness, dual diagnosis, or Acquired Brain Disorder. The goal of these programs is to assist homeless individuals and families successfully transition to permanent housing.

In SFY '06, the state-supported transitional housing providers furnished housing and supportive services. These programs include:

- **Friendship House** in Bethlehem, a 30-bed transitional housing program with supportive services, houses approximately 200 individuals a year;
- **Gilpin House** in Littleton, a six-bed transitional residence serving homeless

persons with severe and persistent mental illness and persons dually diagnosed with mental illness, substance abuse, and/or a developmental disability;

- **Pine Place Transitional Apartments** in Lebanon, provides five transitional housing apartments and specialized 24-hour mental health treatment and support services to assist mentally ill adults;
- **Our Place Transitional Housing** in Dover, provides ten beds in four units sponsored by My Friend's Place;
- **New Hampshire Hospital** in Concord, which administers a 43-bed residential and rehabilitation program for persons with serious mental illness, with 26 beds partially funded by HUD for those who are homeless;
- **The Family Transitional Housing Program** in Rochester, which operates 12 two-bedroom townhouses with half-day staff support to homeless persons with a mental illness;
- **Families in Transition** in Concord, operates a 26-bed facility for homeless single women with or without children;
- **NEXT STEPS** in Keene, is sponsored by Southwestern Community Services, the Keene Housing Authority and the City of Keene Human Services Department. This is a five-unit transitional housing program with supportive services that will house and assist a minimum of 16 individuals, including those with disabilities, per year; and
- **The Sullivan County Transitional Housing Project** in Claremont, is sponsored by Southwestern Community Services. The project provides transitional housing with supportive services to 40 people at any point in time, including homeless families and single women with disabilities or who are victims of domestic violence.

**Transitional Housing for the Handicapped Homeless** providers funded by the State of New Hampshire are listed in Appendix D.❖



### **C. Shelter + Care**

The S+C program is designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities.

One S+C program is sponsored by Center for Life Management (CLM) and has scattered sites throughout Derry and the surrounding areas. This program provides rental assistance for up to 15 hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program.

A second S+C program is being developed by Southwestern Community Services in the Keene/Claremont area and should be operational early in SFY '07.❖

### **D. Projects for Assistance in Transition from Homelessness (PATH)**

The PATH program is funded through a grant from the Substance Abuse and Mental Health Services Administration branch of the U.S. Department of Health and Human Services. The PATH grant supports an outreach program for people who have serious mental illness or are dually diagnosed with serious mental illness and a substance use disorder and who are homeless or at imminent risk of becoming homeless.

For SFY '06 six community mental health agencies and one community action agency received PATH grant contracts to continue to provide PATH services. Services provided by all of New Hampshire's PATH service providers include:

- outreach services;
- staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;

- case management services;
- referrals for primary health services, job training, educational services, and relevant housing services; and
- housing services as specified in Section 522 (b) (10) of the Public Health Service Act.

In addition:

- Community Partners, Seacoast Mental Health Center, and the Mental Health Center of Greater Manchester provide screening and diagnostic treatment services;
- Riverbend and the Mental Health Center of Greater Manchester provide community mental health services; and
- The Mental Health Center of Greater Manchester provides alcohol and drug treatment services/assessments.

In SFY '06, PATH outreach services were contracted through and provided by six community mental health centers and one community action agency. They provided outreach services to 1,426 individuals. Of these, 1,168 clients were enrolled as PATH clients.

**Projects for Assistance in Transition from Homelessness** funded by the State of New Hampshire are listed in Appendix D.❖

#### ***IV. Homeless Management Information System***

The New Hampshire Homeless Management Information System (NH HMIS) Project continues a multi-year collaborative partnership of the three Continua of Care (COC) serving the homeless population of New Hampshire. The NH HMIS is supported by three HUD SHP grants. An application for funding is submitted to HUD in each COC's SuperNOFA application and each COC application has continued to successfully receive funding.

The HMIS project is designed to fulfill the congressional mandate for HUD to assist local jurisdictions to gather data and use it to understand the size and characteristics of the homeless population, analyzing local patterns of service usage, evaluating program outcomes, as well as assessing local service needs and planning to meet those needs.

The statewide HMIS project is implemented through a single agency, Community Services Council of New Hampshire (CSCNH), acting as the project sponsor and with ServicePoint software, from Bowman Systems, as the selected software.

CSCNH coordinates interactions with the software vendor, acquisition of system and user licenses, system administration, end user training and implementation, data integrity and reporting issues. In addition, during SFY '06, CSCNH collaborated with AIDS Housing Corporation of Boston, a HOPWA technical assistance provider, developing and implementing HMIS training for HOPWA programs.

The new HMIS project coordinator at CSCNH brings both experience with HMIS project management and experience with the use of ServicePoint software. The NH HMIS project team is now fully staffed and is making significant progress in a phased rollout of HMIS throughout the state.

Phase One providers are agencies that provide emergency and/or transitional shelter, outreach services as well as any other organizations that receive funding from the NH Department of Health and Human Services, Office of Homeless, Housing and Transportation Services.

Phase Two providers are agencies such as medical or mental health facilities that provide services to homeless individuals (transitional, permanent and specialty shelters), and Outreach and PATH providers who also receive funding from the State.

Phase Three providers will include agencies that do not receive funding from HUD or the State but provide critical services such as city/town welfare departments.

User training began in March 2005 for Phase One providers. User training for Phase Two providers began in November '05. There were 42 providers trained and using ServicePoint/HMIS by the end of SFY '06, and HMIS was implemented at 90% of our HUD funded Emergency and Transitional shelters throughout the state. In order to gain more flexibility in reporting, the NH HMIS project has purchased ServicePoint's

new Advanced Reporting Tool (ART) feature, and are working on reports as a priority including quarterly reports for the three Continua of Care. Several agencies have successfully completed the Annual Progress Report (APR) using ServicePoint, and others are working towards the goal of solely using the ServicePoint APR. One of our continua, Greater Nashua Continuum of Care, participated in the Annual Homeless Assessment Report (AHAR) 2 reporting process.❖

## ***V. Activities of the Office of Homeless, Housing and Transportation Services***

The New Hampshire Department of Health and Human Services, OHHTS has overall responsibility for supporting homeless shelter activities with the State's Continuum of Care (CoC). They provide leadership, resources, and coordination among a large group of emergency shelter providers. Activities of the OHHTS completed in the past year include:

In June of 2006, the OHHTS received notice from the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services that they had been awarded a one-year \$300,000 Projects for Assistance in Transition From Homelessness (PATH) grant to provide outreach to individuals who are homeless or at imminent risk of becoming homeless who have: (a) serious mental illness; or (b) co-occurring serious mental illness and substance abuse disorders. The grant is for SFY 2007.

In September of 2006, "Bringing the Providers Together," the annual New Hampshire Homeless Service Providers Conference, was held in Concord, New Hampshire. Attendance at this conference consisted of members of government and the provider community. There were 159 attendees representing 60 providers. Issues presented and discussed at the conference were: Differentiating between Intoxication and Mental Illness, Use of Affordable Housing Resources, and Discharge Planning. The conference also included a keynote address by Kevin Lindamood, Vice President of External Affairs, Baltimore Health Care for the Homeless Program. Mr. Lindamood spoke about planning

to end homelessness and getting to the real causes. Commissioner John Stephen also provided remarks.

In October of 2006, the US Department of Housing and Urban Development announced that the OHHTS 2006 application for renewal of the greater Manchester area Housing Opportunities for Persons With AIDS (HOPWA) grant was successful. Through the Greater Manchester Assistance Program (GMAP), Merrimack Valley Assistance Program (MVAP), will act as the program sponsor and will be able to continue to provide supportive services, long-term rental assistance, housing information services and short-term rent, mortgage and utility assistance through their Greater Manchester Assistance Program (GMAP) office in Manchester. The renewal amount of \$682,533 for the three-year period, March 1, 2007 through February 28, 2010, includes an increase of \$135,625 for Long-Term Rental Assistance. This will help meet the critical need for rental assistance for low income and very low-income persons living with AIDS in the greater Manchester area.❖

## ***VI. Additional Developments***

A number of developments underway either in SFY '06 or prior to publication, deserve mention in this report. They are as follows:

In June of 2006, the Department, with the help of the OHHTS, the NH Coalition to End Homelessness, the Division of Public Health, and the Bureau of Behavioral Health, released a EEE/West Nile Virus plan. Due to the fact that homeless people may be more at risk than others, it was felt that a plan should be implemented to help mitigate and respond to the danger that this threat has imposed on the State, especially over the last few years.

With the assistance of DHHS, a Discharge Planning Committee was established to develop and implement a discharge plan for those citizens leaving institutions and systems of care who are at risk of being homeless. The plan was approved in December of 2006, by the Discharge Planning Committee.

For the third year in a row, Citizens Bank Foundation donated \$85,000 to assist

homeless shelters in New Hampshire with heating bills. The funds were donated to the New Hampshire Coalition to End Homelessness, and that organization distributed the funds to state-funded homeless shelters.

In July of 2006, Fellowship Housing won TD Banknorth's first prize in their first Housing For Everyone competitive grant competition. Fellowship House will offer some short-term rental assistance to very low income disabled people and launch a landlord tenant education project. Fellowship Housing is also in the midst of their largest affordable housing project ever – the purchase and renovation of a nine-unit building with administrative and program service space in downtown Concord. This project will allow the organization to increase their community residence beds by two. This project is nearly three years in the making and involves a wide array of fundors – NH Housing, NH Community Development Finance Authority, a Community Development Block Grant from Merrimack County, Main Street Concord, Belknap-Merrimack Community Action Program, numerous private trusts and foundations, and individual supporters. The anticipated opening of the new community residence beds and affordable housing project is March of 2007.

Over the past year the NHCEH has continued to work throughout the state helping homeless individuals, families and children with their immediate needs, while at the same time working on the long-term solutions to homelessness.

The Coalition continues to hold monthly Coalition meetings that encompass a variety of topics, including EEE prevention, HMIS training and alcohol and drug awareness training to name a few. The Coalition has worked with both Citizens Bank and Home Goods stores to provide fuel assistance and bedding and linens to shelters throughout the state. The Coalition has also teamed with WOKQ, WMUR and various other media outlets to raise awareness of homelessness.

Coalition work toward long-term solutions to ending homelessness include Chairing the Governor's Interagency Council on Homelessness and working with both state and federal officials to provide solutions to the growing crisis of homelessness in New Hampshire.

In October of 2006, The Way Home, located in Manchester, was named Champion in Action in the area of homelessness by Citizens Bank New Hampshire and WMUR-TV for the fourth quarter of 2006. As part of the award, The Way Home received a \$25,000 grant, media coverage, and extensive promotional and volunteer support for its dedication to providing families and individuals in the Greater Manchester area obtain and maintain safe, affordable housing. The agency has served more than 35,000 people since it was founded in 1988.



The Way Home was recognized for its role in the prevention of homelessness through housing counseling, a Housing Assistance Fund which has written contracts for more than 3,750 security deposits and rental guarantees totaling over \$1.6 million since its inception, and Healthy Home Services, a program dedicated to educating property owners and tenants on the prevention of lead paint poisoning and other in-home environmental health hazards with a goal to make housing safe for children. The Way Home also manages seven transitional housing apartments for homeless families and those with lead-poisoned children.

On December 21, 2006, the cities of Concord, Manchester and Nashua held a Homeless Memorial Day event. These events were held to provide people with an opportunity to remember those who have died homeless, and to show support in the effort to end homelessness.

In December of 2006, a "Project Homeless Connect Day" was hosted by Harbor Homes. This event was an opportunity for the homeless in the community to receive a variety of services and benefits at one location. There were medical evaluations, immunizations, haircuts, dental checks, vision tests and other services provided. This was an outreach effort to homeless people in the community with the goal of linking them to services/benefits and assisting them in moving forward into housing and self-sufficiency. The event was well attended, and a number of people received a great deal of information on services/benefits available in the area.

The New Hampshire Department of Education staff conducted several drives during the year to support their neighbors in need. "Baskets of Love" containing personal care items, basic supplies, books, and stuffed animals were donated to the New Hampshire Coalition to End Homelessness, New Hampshire shelters, and outreach workers for distribution to individuals and families in homeless situations. Hundreds of repellent products were donated during the summer to assist in the prevention of insect borne diseases and a food drive was held during the fall.

On December 1, 2006 the NH Department of Education Homeless Education Program submitted its Annual Report to the US Department of Education on the numbers of homeless children and youth attending NH schools during the 2005-2006 school year. Results of the one-day count of homeless students held in January, 2006 identified 925 homeless students. The final count for 2005-2006 of school aged children and youth in homeless situations reported to the USDE was 1,025.❖



Gimme Shelter 2006



## ***VII. State-Funded Homeless, Housing and Transportation Service Summary, SFY 2006***

### ***Shelter Service Totals***

|        |   |
|--------|---|
| 6,435  | Persons sheltered (Emergency and Transitional)            |
| 12,319 | Persons turned away by shelters (See Appendix A, note 4.) |

### ***Of persons sheltered there were:***

|       |  |                   |
|-------|--|-------------------|
| 4,280 | Single adults                                  | (66.51% of total) |
| 850   | Adults in 895 families                         | (13.21% of total) |
| 549   | Adults in one-parent families                  |                   |
| 246   | Adults in two-parent families                  |                   |
| 41    | Individual adults in families without children |                   |
| 14    | Non-parent adults in families                  |                   |
| 1,305 | Children in families                           | (20.28% of total) |

### ***...Including:***

|       |   |
|-------|---|
| 1,847 | Persons with known Mental Illness                               |
| 1,558 | Persons with Alcohol Abuse                                      |
| 899   | Persons with other Substance Abuse                              |
| 864   | Persons with Dual Diagnosis (mental health and substance abuse) |
| 1,375 | Victims of Domestic Violence                                    |
| 451   | Veterans  |
| 19    | Persons with HIV/AIDS   |
| 1,092 | Persons who are chronically homeless                            |

### ***Special Needs Programs***

|       |  |
|-------|--|
| 3,920 | Homeless Outreach/Intervention clients served (within Balance of State Continuum of Care only) |
| 129   | Permanent Housing for Handicapped Homeless persons served                                      |
| 93    | Transitional Housing persons served  |
| 5     | Shelter + Care Housing persons served  |
| 315   | HOPWA HIV/AIDS clients served  |
| 1,168 | PATH clients enrolled  |

### ***Housing Security Guarantee Program***

|       |                             |
|-------|-----------------------------|
| 1,041 | Housing certificates issued |
|-------|-----------------------------|

### ***Rental Guarantee Program***

|    |               |
|----|---------------|
| 17 | Grants issued |
|----|---------------|

## ***Appendix A - Notes on Statistics***

1. Be very cautious comparing statistics year to year. These statistics represent only those providers funded by or through the State. There are other New Hampshire emergency and homeless shelter service providers not reflected in our statistics. Furthermore, the State does not always fund the same providers every year. Changes in shelter capacity due to remodeling, expansion, or natural disasters also affect the reporting base. Some providers have changed from shelter to rent assistance (not represented in these numbers). Others got a start from state or federal funding, but now operate with other backing, thus removing them from our statistics, but they are still providing services. Additionally, the federal government has been moving toward switching emphasis from emergency shelters to transitional and permanent housing, especially for the "chronically" homeless (see Appendix B - Glossary).
2. Some of the formats and definitions of our reporting instruments have changed as we progress toward our goal of gathering more effective information and reflect changing federal definitions of some data elements. From time to time, confusion over earlier definitions has led the Office of Homeless, Housing and Transportation Services to amend reporting instructions, leading some providers to slightly change the way they report. Such changes can make the comparison of certain homeless statistics over time a difficult process.
3. Some concepts, like shelter capacity, cannot be quantified precisely, because they are affected by numerous factors. For example, women cannot be housed in a men's single shelter, nor can the general homeless population be housed in a specialty shelter. Many of our providers serve families. They use apartments and move beds in and out daily, according to family size, making the concept of capacity dynamic. Many of our providers undertake renovations, and, even if they eventually increase capacity, temporarily reduce or eliminate capacity. Moreover, family sizes supported by Domestic Violence providers typically differ from those supported in transitional housing. Thus, "capacity" represents a theoretical maximum and

apartment-based providers generally use averages.

4. Turnaway numbers represent a duplicated count of people turned away for all reasons, including both capacity turnaways (shelter is full), and turnaways because of inappropriateness, such as the examples mentioned above. We believe that most of these people do get sheltered.
5. The State Fiscal Year (SFY) runs from July 1<sup>st</sup> to the following June 30<sup>th</sup>, and is named for the calendar year in which it ends. However, several programs, especially those receiving federal funds, report by different fiscal years. The Federal Fiscal Year (FFY) runs from October 1<sup>st</sup> to the following September 30<sup>th</sup>. Yet Congress imposes different fiscal years on different federal programs – and even on the same program over time – often unrelated to the FFY or SFY. For this, and other reasons, the data reported is always the most recent year's data that we have, not necessarily SFY 2006.
6. During the life of this Commission, shelter providers have been requested to report by different time periods. Initially, quarterly statistics were required without an annual consolidation, leaving the potential for overlap between quarters. Since SFY '99, provider reports are submitted semi-annually, with the second report summarizing the entire fiscal year. In addition to this, we are now asking providers to check for duplication (the same person being counted twice) between different programs run by the same provider, leading to increasingly accurate numbers. If we reported the total number served the way we did many years ago, we would have a total over 7,000.
7. These numbers do not include:
  - Group homes for mentally ill, developmentally disabled, adolescents, head injured, HIV/AIDS, etc.;
  - homeless people housed by local welfare;
  - private shelters, usually run by churches or other faith communities;
  - substance abuse programs which may have some homeless people, even when the program is not specifically for the homeless;

- people who are "doubled up" (also known as couch surfing, staying with friends/family);
- homeless people housed by programs or organizations with primary missions other than housing homeless people, or for specific populations such as homeless and runaway youth; and
- individual housing through regional mental health centers, Section 8 housing and regional agencies for the developmentally disabled.❖

## ***Appendix B - Glossary of Terms***

**Note:** This glossary provides an overview of terminology common to the issue of New Hampshire homelessness and federal housing programs. Not all terms are used in this Annual Report.

**Affordable Housing** - Housing where the occupant is paying no more than 30% of income for gross housing costs, which includes utilities

**APR** - Annual Progress Report to HUD at the end of each program's program year

**Bed Night** - One person sheltered one night

**BOSCO** - Balance of State Continuum of Care

**BBH** - Bureau of Behavioral Health

**CAA** - Community Action Agency

**CAP** - Community Action Program

**CDBG** - Community Development Block Grant

**CMHS** - Center for Mental Health Services (US)

**CoC** - Continuum of Care HUD requires McKinney-Vento

**Congregate Housing** - Low income housing, predominately for elderly, handicapped, disabled, or displaced families

**Consolidated Plan** - State application to HUD for funding

**Continuum of Care** - a coordinated community-based process of identifying needs and building a system to address those needs

**Chronically Homeless** - (HUD) A homeless individual with a disability (specifically mental illness and/or substance abuse) who has been homeless for a year or more, or has had 4 or more episodes of homelessness in the last 3 years

**CY** - Calendar Year: January 1 to December 31

**DHHS** - New Hampshire Department of Health and Human Services

**Dual Diagnosed** - (PATH definition) Co-occurring serious mental illness and substance abuse

**DV Coalition** - New Hampshire Coalition Against Domestic & Sexual Violence

**Emergency Shelter** - He-M 314 (NH Shelter Rules)

Any facility, the primary purpose of which is to provide temporary shelter for homeless individuals or families. The term "emergency shelter" does not include transitional housing designed to provide housing as well as educational or rehabilitative programs and services for a person or family for at least six consecutive months.

**Entitlement Municipality** - The cities of Manchester, Nashua, Portsmouth, Dover, and Rochester, which receive funds directly from HUD under section 106(b) of the federal act

**ESG** - Emergency Shelter Grant, State of New Hampshire or federal McKinney

**Extremely Low Income** - A household whose income is at or below 30% of the median family income of the area. This is \$19,170 for a family of three in 2006.

**FFY** - Federal Fiscal Year: October 1 to September 30

**HHS** - The US Department of Health and Human Services

**HMIS** - Homeless Management Information System

**HOIP** - Homeless Outreach/Intervention Prevention

**HOME** - Home Investment Partnerships Program

**Homeless - HUD definition** - 42USC11302

(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and

- (2) an individual who has a primary nighttime residence that is-
- (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or
  - (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**HOPWA** - Housing Opportunities for Persons With Aids

**HS GP** - Housing Security Guarantee Program

**HUD** - US Department of Housing and Urban Development

**Living Conditions** - Where a person stayed before entering or contacting a program

**Low Income** - A household whose income is at or below 80% of the median family income of the area. This is \$51,120 for a family of three in 2006.

**MFI** - Median Family Income, a household income level set by HUD at \$63,900 statewide in New Hampshire for a family of three for FFY 2006. As many households earn less than that figure as earn more. This is not an average.

**Moderate Income** - A household whose income is at or below the median family income of the area

**MVAP** - Merrimack Valley Assistance Program

**NHH** - New Hampshire Hospital

**NHHFA** - New Hampshire Housing Finance Authority

**NOFA** - HUD Notice Of Funding Availability

**OHHTS** - the NH DHHS Office of Homeless, Housing and Transportation Services

**PATH** - Projects for Assistance in Transition from Homelessness

**PERMANENT HOUSING** - HUD SHP community-based housing for homeless persons with disabilities providing long-term housing and supportive services

**PHH** - Permanent Housing for Handicapped Homeless

**PRA** - Project-based Rental Assistance

**POVERTY** - does not have a simple definition. It is computed each year by the Census Bureau. For NH in 2006, it is \$16,600 or less for a family of three.

**RGP** - Rental Guarantee Program

**RSA** - Revised Statutes Annotated

**S+C** - Shelter Plus Care - HUD program of rental housing assistance, in connection with supportive services funded from sources other than this part, to homeless persons with disabilities.

**SAFE HAVEN** - HUD program providing 24-hour private or semiprivate residence for eligible persons who may reside for an unspecified duration, and supportive services on a drop-in basis

**SAU** - School Administrative Unit, consisting of one or more public school districts

**SFY** - State Fiscal Year: July 1 to June 30

**SHP** - McKinney-Vento Supportive Housing Program, including Permanent and Transitional housing, Safe Haven, Supportive Services Only or Innovative Supportive Housing.

**SNAP** - Special Needs Assistance Programs (HUD)

**SRA** - Sponsor-based Rental Assistance

**SRO** - Single Room Occupancy

**SSO** - Supportive Services Only, not in conjunction with housing

**TANF** - Temporary Assistance for Needy Families

**TH** - Transitional Housing, the purpose of which is to facilitate the movement of homeless individuals and families to permanent housing within 24 months

**THH** - Transitional Housing for Handicapped Homeless

**TRA** - Tenant-based Rental Assistance

**Turnaway** - Someone seeking shelter but cannot be sheltered at that time and place

**Capacity Turnaway** - Someone who cannot be sheltered because the shelter is full

**Other Turnaway** - Someone who cannot be sheltered because they are not appropriate to the program (i.e. a single male at a women's shelter)

**USC** - United States Federal Code; the rules, which implement federal law.

**Very Low Income** - A household whose income is at or below 50% of the median income of the area. This is \$31,950 for a family of three in 2006.❖

## ***Appendix C – Reference Websites***

For more detailed information please go to:

Coalition on Human Needs

<http://www.chn.org>

Corporation for Supportive Housing

<http://www.csh.org>

Council of State Community Development Agencies – (COSCDA)

<http://www.coscda.org>

Department of Health and Human Services - (NH DHHS)

<http://www.dhhs.nh.gov>

Economic Policy Institute, State of Working America

<http://www.stateofworkingamerica.org>

Fannie Mae

<http://www.fanniemae.com>

FIRSTGOV.GOV – (The U.S. Government's Official Web Portal)

<http://www.firstgov.gov/>

Homes and Communities - (U.S. Department of Housing and Urban Development)

<http://www.hud.gov>

Housing Assistance Council – (HAC)

<http://www.ruralhome.org>

Joint Center for Housing Studies –(Harvard University Center)

<http://www.jchs.harvard.edu>

National Alliance to End Homelessness

<http://www.endhomelessness.org>

National Coalition for the Homeless

<http://www.nationalhomeless.org>

National Low Income Housing Coalition

<http://www.nlihc.org>



New Hampshire Department of Education  
<http://www.ed.state.nh.us/education>

New Hampshire Department of Education – (Data and Reports)  
<http://www.ed.state.nh.us/education/data/index.htm>

New Hampshire Housing - (data):  
[http://www.nhhfa.org/frd\\_data.htm](http://www.nhhfa.org/frd_data.htm)

New Hampshire Housing – (NHH)  
<http://www.nhhfa.org/>

New Hampshire's Basic Needs & Livable Wage  
<http://www.nhsbdc.org/>

Technical Assistance Collaborative – (TAC)  
<http://www.tacinc.org>

U.S. Census Bureau  
<http://www.census.gov>

U.S. Department of Health & Human Services  
<http://www.dhhs.gov>

UNH Office of Economic Initiatives - (Small Business Development Center)  
<http://www.nhsbdc.org>

Urban Institute  
<http://www.urban.org>

Welcome to New Hampshire – NH Government  
<http://www.nh.gov/>

## ***Appendix D – Service Provider List***



**Key:**

|                                   |                               |                                  |
|-----------------------------------|-------------------------------|----------------------------------|
| <b>DV – Domestic Violence</b>     | <b>P – Prevention</b>         | <b>SS – Specialty Shelter</b>    |
| <b>ES – Emergency Shelter</b>     | <b>PA – PATH</b>              | <b>TH – Transition Housing</b>   |
| <b>H – HSGP/RGP</b>               | <b>PH – Permanent Housing</b> | <b>TS – Transitional Shelter</b> |
| <b>OI – Outreach Intervention</b> | <b>SC – Shelter + Care</b>    |                                  |

***Belknap County*****Community Action Program****Belknap-Merrimack Counties – H,P,OI**

PO Box 1016

Concord, NH 03302-1016

(603) 225-3295

(603) 228-1898 (fax)

[www.bm-cap.org](http://www.bm-cap.org)**GENESIS Behavioral Health – PH****McGrath Street**

111 Church Street

Laconia, NH 03246

(603) 524-1100

(603) 528-0760 (fax)

[www.genesisbh.org](http://www.genesisbh.org)**Laconia Area Community Land Trust – TH**

PO Box 6104

Laconia, NH 03247-6104

(603) 524-0747

(603) 527-2514 (fax)

[www.laclt.org](http://www.laclt.org)**New Beginnings – A Women's Crisis****Center – DV**

PO Box 622

Laconia, NH 03247-0622

(603) 528-6511

[www.newbeginningsnh.org](http://www.newbeginningsnh.org)**Open Arms Outreach – TS**

756 Union Avenue

Laconia, NH 03246

(603) 524-4580

(603) 524-6933 (fax)

[www.oaoutreach.org](http://www.oaoutreach.org)**The Salvation Army – Laconia – ES**

177 Union Avenue

Laconia, NH 03246

(603) 524-1834

(603) 524-8164 (fax)

***Carroll County*****Northern Human Services – TH****Gilpin House**

87 Washington Street

Conway, NH 03818

(603) 447-3347

(603) 447-8893 (fax)

[www.northernhs.org](http://www.northernhs.org)**Starting Point: Services for Victims  
of Domestic and Sexual Violence – DV**

PO Box 1972

Conway, NH 03818-1972

(603) 356-7993

[www.startingpointnh.org](http://www.startingpointnh.org)**Tri-County Community Action  
Program, Inc. – H,P,OI,PA****Coos, Carroll, Grafton Counties**

30 Exchange Street

Berlin, NH 03570

(603) 752-7001 or 1-800-552-4617

(603) 752-8041 (fax)

[www.tccap.org](http://www.tccap.org)***Cheshire County*****Monadnock Center for Violence  
Prevention, Inc. – DV**

12 Court Street

Keene, NH 03431

(603) 352-3782

(603) 355-5227 (fax)

[www.mcvprevention.org](http://www.mcvprevention.org)**Monadnock Family Services – PA**

64 Main Street, Suite 301

Keene, NH 03431-3701

(603) 357-5270

(603) 357-6896 (fax)

[www.mfs.org](http://www.mfs.org)

**Southwestern Community Services,  
Inc. (Keene)** – H,P,OI  
**Monadnock Area Housing Coalition** – ES,TS  
**NEXT STEP Transitional Housing** – TH  
69Z Island Street  
PO Box 603  
Keene, NH 03431  
(603) 352-7512  
(603) 352-3618 (fax)  
[www.scshelps.org](http://www.scshelps.org)

## ***Coos County***

**Coos County Family Health Services, Inc.- DV  
Response to Sexual and Domestic Violence**  
54 Willow Street  
Berlin, NH 03570  
(603) 752-5679  
(603) 752-5467 (fax)  
[www.nhcadsv.org](http://www.nhcadsv.org)

**Tri-County Community Action  
Program, Inc.** – H,P,OI,PA  
**Coos, Carroll, Grafton Counties  
Friendship House** – TH  
30 Exchange Street  
Berlin, NH 03570  
1-800-552-4617  
(603) 752-8041 (fax)  
[www.tccap.org](http://www.tccap.org)

**Tri-County Community Action  
Program, Inc.** – ES  
**Tyler Blain House**  
56 Prospect Street  
Lancaster, NH 03584  
(603) 788-2344  
(603) 788-2344 (fax)  
[www.tccap.org](http://www.tccap.org)

## ***Grafton County***

**The Bridge House, Inc.** – ES  
260 Highland Street  
Plymouth, NH 03264  
(603) 536-7631  
(603) 536-4247 (fax)  
[www.pemibridgehouse.org](http://www.pemibridgehouse.org)

**Headrest, Inc.** – SS  
PO Box 247  
Lebanon, NH 03766-0247  
(603) 448-4872  
(603) 448-1829 (fax)  
[www.headrest.org](http://www.headrest.org)

**The Support Center at Burch House** – DV  
PO Box 965  
Littleton, NH 03561  
(603) 444-0624  
(603) 444-0646 (fax)  
[www.nhcadsv.org](http://www.nhcadsv.org)

**Tri-County Community Action  
Program, Inc.** – H,P,OI,PA  
**Coos, Carroll, Grafton Counties**  
30 Exchange Street  
Berlin, NH 03570  
1-800-552-4617  
(603) 752-8041 (fax)  
[www.tccap.org](http://www.tccap.org)

**Voices Against Violence** – DV  
PO Box 53  
Plymouth, NH 03264  
(603) 536-5999  
[www.nhcadsv.org](http://www.nhcadsv.org)

**West Central Behavioral Health  
Pine Place** – TH  
2 Whipple Place, Suite 202  
Lebanon, NH 03766  
(603) 448-0126  
(603) 448-0129 (fax)  
[www.wcbh.org](http://www.wcbh.org)

**WISE (Women's Information and  
Services)** – DV  
79 Hanover Street, Suite 1  
Lebanon, NH 03766  
(603) 448-5922  
(603) 448-2799 (fax)  
[www.wiseftheuppervalley.org](http://www.wiseftheuppervalley.org)



## ***Hillsborough County***

**Bridges** – DV  
PO Box 217  
Nashua, NH 03061  
(603) 889-0858  
[www.bridgesnh.org](http://www.bridgesnh.org)

**Child and Family Services of NH** – SS, P  
99 Hanover Street  
PO Box 448  
Manchester, NH 03105  
(603) 668-1920  
(603) 668-6260 (fax)  
[www.cfsnh.org](http://www.cfsnh.org)

**Community Council of Nashua** – PA  
7 Prospect Street  
Nashua, NH 03060  
(603) 889-6147  
(603) 883-1568 (fax)  
[www.ccofnashua.org](http://www.ccofnashua.org)

**Families in Transition, Inc.**  
**Amherst Street** – TS  
**Spruce Street Apartments** – TS  
122 Market Street  
Manchester, NH 03101  
(603) 641-9441  
(603) 641-1244 (fax)  
[www.fitnh.org](http://www.fitnh.org)

**Greater Nashua Council on Alcoholism**  
**Keystone Hall** – SS  
Pine Street Extension  
Nashua, NH 03060  
(603) 881-4848  
(603) 598-3644 (fax)  
[www.keystonehall.org](http://www.keystonehall.org)

**Harbor Homes** – ES, PH  
45 High Street  
Nashua, NH 03060  
(603) 881-8436  
(603) 881-5199 (fax)  
[www.harborhomes.org](http://www.harborhomes.org)

**Helping Hands Outreach Ministries, Inc.** – TS  
50 Lowell Street  
PO Box 3551  
Manchester, NH 03105-3551  
(603) 623-8778  
(603) 626-5811 (fax)

**The Mental Health Center of Greater Manchester** – PA  
**Gemini House** – PH  
401 Cypress Street  
Manchester, NH 03103-3628  
(603) 668-4111  
(603) 669-1131 (fax)  
[www.mhcgmn.org](http://www.mhcgmn.org)

**Nashua Pastoral Care Center** – TS,H,P  
7 Concord Street  
Nashua, NH 03064  
(603) 886-2866  
(603) 886-9214 (fax)  
[www.nashuanpcc.org](http://www.nashuanpcc.org)

**Nashua Soup Kitchen and Shelter** – ES, TS  
PO Box 3116  
Nashua, NH 03061-3116  
(603) 889-7770  
(603) 889-2347 (fax)  
[www.nsk.org](http://www.nsk.org)

**New Hampshire Legal Assistance** – P  
1361 Elm Street, Suite 307  
Manchester, NH 03101  
(603) 668-2900 or 1-800-562-3174  
(603) 644-1018 (fax)  
[www.nhla.org](http://www.nhla.org)

**New Horizons for New Hampshire**  
**Emergency Shelter** – ES  
**Angie's Shelter for Women** – ES  
199 Manchester Street  
Manchester, NH 03103  
(603) 668-1877  
(603) 668-2578 (fax)  
[www.newhorizonsfornh.org](http://www.newhorizonsfornh.org)

**St. John Neumann** – P  
708 Milford Road, 101-A  
Merrimack, NH 03054  
(603) 424-5685

**Southern New Hampshire Services, Inc. – P**  
40 Pine Street  
PO Box 5040  
Manchester, NH 03108  
(603) 668-8010  
(603) 645-6734 (fax)  
[www.snhs.org](http://www.snhs.org)

**The Way Home – TS, H, P**  
214 Spruce Street  
Manchester, NH 03103  
(603) 627-3491  
(603) 644-7949 (fax)

**YWCA Crisis Service**  
**Emily's Place – DV**  
72 Concord Street  
Manchester, NH 03101  
(603) 625-5785  
(603) 624-4765 (fax)  
[www.nhcadv.org](http://www.nhcadv.org)

## ***Merrimack County***

**Community Action Program**  
**Belknap-Merrimack Counties – H, P, OI**  
**New Start Program – P**  
2 Industrial Park Drive  
PO Box 1016  
Concord, NH 03302-1016  
(603) 225-3295  
(603) 228-1898 (fax)  
[www.bm-cap.org](http://www.bm-cap.org)

**Community Services Council of NH**  
**Franklin Falls Farm – PH**  
**New Hampshire Hotline – P**  
1-800-852-3388  
**Unite To Help – H**  
(603) 225-9694  
PO Box 2338  
Concord, NH 03302-2338  
(603) 225-9694 or (603) 225-9000  
(603) 225-4158 (fax)  
[www.cscnh.org](http://www.cscnh.org)

**Families in Transition, Inc.**  
**5 Market Lane – TH**  
**9 Odd Fellows Road – PH**  
Concord, NH 03301  
(603) 641-9441  
(603) 641-1244 (fax)  
[www.fitnh.org](http://www.fitnh.org)

**First Congregational Church, UCC – ES**  
177 North Main Street  
Concord, NH 03301  
(603) 225-5491  
(603) 717-7037 (fax)

**The Friends Emergency Housing**  
**Program – ES**  
30 Thompson Street  
Concord, NH 03301  
(603) 228-1462  
(603) 226-3884 (fax)  
[www.friendsprogram.org](http://www.friendsprogram.org)

**Merrimack County Rape and Domestic**  
**Violence Crisis Center – DV**  
PO Box 1344  
Concord, NH 03302-1344  
(603) 225-7376  
[www.nhcadv.org](http://www.nhcadv.org)

**Merrimack Valley Assistance Program – P**  
PO Box 882  
Concord, NH 03302-0882  
(603) 226-0607  
[www.mvap.org](http://www.mvap.org)

**New Hampshire Coalition Against**  
**Domestic and Sexual Violence – DV**  
PO Box 353  
Concord, NH 03302  
(603) 224-8893  
(603) 228-6096 (fax)  
[www.nhcadv.org](http://www.nhcadv.org)

**New Hampshire Hospital – TH**  
36 Clinton Street  
Concord, NH 03301  
(603) 271-5208  
(603) 271-5395 (fax)

**Riverbend Community Mental Health Services, Inc.** – PA  
PO Box 2032  
Concord, NH 03302-2032  
(603) 228-1551  
(603) 225-2803 (fax)  
[www.riverbendcmhc.org](http://www.riverbendcmhc.org)

**The Salvation Army McKenna House** – ES  
100 South Fruit Street  
Concord, NH 03301  
(603) 228-3505  
(603) 224-7877 (fax)

## ***Rockingham County***

**AIDS Response Seacoast** – P  
1 Junkins Avenue  
Portsmouth, NH 03801  
(603) 433-5377 or 800-375-1144  
(603) 431-8520 (fax)  
[www.aidsresponse.org](http://www.aidsresponse.org)

**CLM Behavioral Health Services** – SC  
**Beaver Lake Lodge** – PH  
Salem Professional Park  
44 Stiles Road  
Salem, NH 03079  
(603) 893-3548  
(603) 898-4779 (fax)  
[www.centerforlifemanagement.org](http://www.centerforlifemanagement.org)

**Cross Roads House, Inc.** – ES,TS  
600 Lafayette Road  
Portsmouth, NH 03801  
(603) 436-2218  
(603) 430-9217  
[www.crossroadshouse.org](http://www.crossroadshouse.org)

**New Generation, Inc.** – SS  
568 Portsmouth Avenue  
PO Box 676  
Greenland, NH 03840  
(603) 436-4989  
(603) 436-4989 (fax)  
[www.newgennh.com](http://www.newgennh.com)

**Rockingham Community Action, Inc.** – H,P,OI  
7 Junkins Avenue  
Portsmouth, NH 03801  
(603) 431-2911  
(603) 431-2916 (fax)  
[www.rcaction.org](http://www.rcaction.org)

**Seacoast Mental Health Center** – PA  
**Springbrook Condominiums** – PH  
1145 Sagamore Avenue  
Portsmouth, NH 03801  
(603) 431-6703  
(603) 433-5078 (fax)  
[www.seacoastmentalhealth.org](http://www.seacoastmentalhealth.org)

**Seacoast Task Force on Family Violence**  
**A Safe Place** – DV  
6 Greenleaf Woods, Unit 101  
Portsmouth, NH 03801  
(603) 436-4619  
(603) 436-7951 (fax)  
[www.nhcadsv.org](http://www.nhcadsv.org)

## ***Strafford County***

**Community Partners**  
**Tideview Estates** – PH  
**Rochester Family Housing** – TH  
113 Crosby Road, Suite 1  
Dover, NH 03820  
(603) 749-4015  
(603) 743-3244 (fax)  
[www.bhdssc.org](http://www.bhdssc.org)

**My Friend's Place** – ES, TH  
368 Washington Street  
Dover, NH 03820  
(603) 749-3017  
(603) 749-5068 (fax)

**Strafford County Community Action Committee** – H,P,OI  
PO Box 160  
Dover, NH 03821-0160  
(603) 749-1334  
(603) 749-3718 (fax)  
[www.traffcap.org](http://www.traffcap.org)

## ***Sullivan County***

### **Friends of Veterans – P**

222 Holiday Drive, Suite 5  
White River Junction, VT 05001  
(802) 296-8368  
(802) 296-3653 (fax)

### **Southwestern Community Services –**

ES,H,P,OI,TH

**(including Overflow shelter) – ES**

PO Box 1338  
Claremont, NH 03743  
(603) 542-9528

### **Women's Supportive Services – DV**

11 School Street  
Claremont, NH 03743  
(603) 543-0155  
[www.nhcadv.org](http://www.nhcadv.org)

### **Worcester County (MA) – P**

#### **Veteran Hospice Homestead, Inc.**

69 High Street  
Fitchburg, MA 01420  
(978) 353-0234  
(978) 345-0926 (fax)  
[www.vethospice.com](http://www.vethospice.com)



## **Emergency Shelter and Homeless Coordination Commission**

### **Harold Acres, Chair**

6 Knowlton Road  
Nashua, NH 03063  
(603) 889-4806

### **The Honorable Martha Fuller Clark Member, NH Senate**

LOB, Room 101  
33 North State Street  
Concord, NH 03301-6328  
(603) 271-2708

### **The Honorable Theodore L. Gatsas Member, NH Senate**

582 Chestnut Street  
Manchester, NH 03104-6052  
(603) 668-1233

### **Bonnie St. Jean, Administrator Bureau of Youth Workforce NH Department of Education**

21 South Fruit Street, Suite 20  
Concord, NH 03301  
(603) 271-3805

### **Sharon Drake, Vice Chair NH Community Loan Fund**

7 Wall Street  
Concord, NH 03301  
(603) 224-6669

### **Patricia Howe**

53 Granite Street  
Northfield, NH 03276-1632  
(603) 286-1268

### **Rick Blais**

**NH Property Owners Association**  
50 Queen City Avenue  
Manchester, NH 03103  
(603) 641-2527

### **Helen C. Cohen**

116 Amesbury Road  
Kensington, NH 03833  
(603) 772-2909

### **The Honorable Robert F. Chabot Member, NH House**

73 Joseph Street  
Manchester, NH 03102-2312  
(603) 625-5617

### **The Honorable Susan W. Almy Member, NH House**

266 Poverty Lane, Unit 4B  
Lebanon, NH 03766-2730  
(603) 448-4769

### **Keith Kuenning, Executive Director NH Coalition to End Homelessness**

PO Box 688  
Manchester, NH 03105  
(603) 774-5195

### **Eleanor Amidon**

100 Antrim Road  
Hancock, NH 03449  
(603) 525-3508

### **Dean Christon**

**New Hampshire Housing**  
PO Box 5087  
Manchester, NH 03108  
(603) 472-8623

### **John A. Stephen, Commissioner NH Dept. of Health and Human Services**

129 Pleasant Street  
Concord, NH 03301  
(603) 271-4331

### **Erik Riera, Bureau Chief**

**Bureau of Behavioral Health  
NH Dept. of Health and Human Services**  
105 Pleasant Street  
Concord, NH 03301  
(603) 271-5007

### **Patrick C. Herlihy, Director**

**Office of Homeless, Housing and  
Transportation Services  
NH Dept. of Health and Human Services**  
105 Pleasant Street  
Concord, NH 03301  
(603) 271-5043

### **Martha Young, Program Administrator Office of Homeless, Housing and Transportation Services**

**NH Dept. of Health and Human Services**  
105 Pleasant Street  
Concord, NH 03301  
(603) 271-5059